2006 (74)					and Tradema	oved for use through ark Office; U.S. DEF	7/31/2006. ON PARTMENT OF	COMMERCE	
				respond to a collection of information unless it displays a valid OMB control number.  Complete if Known					
FEE TRANSMITTAL For FY 2006				Application Number 09/992,786					
						November 13, 2001			
						John BARNES			
				The transfer mitterior		l. Leung			
X Applicant claims small entity status. See 37 CFR 1.27						764			
TOTAL AMOUNT OF PAYMENT (\$) 455.00						20772008900			
METHOD OF PAYMENT (check all that apply)									
		· · ·	None	Othor (r	alonso idont	:6.)·	<del></del>		
Check Credit Card Money Order None Other (please identify):  Morrison & Foorster LL P.									
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below,							cept for the	filing fee	
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION (A	All the fees	below are du	e upon	filing or may	be subje	ct to a surcha	rge.)		
1. BASIC FILING, SEARC	H, AND EXAM	INATION FEE	S						
		G FEES	SEAF	RCH FEES	EXAMIN	ATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	id (\$)	
Utility	300	150	500	250	200	100	0.00		
Design	200	100	100	50	130	65	0.00		
Plant	200	100	300	150	160	80	0.00		
Reissue	300	150	500	250	600	300	0.00		
Provisional	200	100	0	0	0	0	0.00		
2. EXCESS CLAIM FEES	200	100	Ü	· ·	Ū	Ŭ		mall Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
Total Claims				aid (\$) Multiple Depend			nt Claims		
$142  -\frac{147}{}  0  x  25.00  =  0$			<u> </u>	.00 <u>Fee</u>		e (\$) Fee Paid (\$)			
HP = highest number of total cla	aims paid for, if gr	eater than 20.			18	0.00_	0.00	_	
Indep. Claims Extra		ee (\$)	Fee Pa						
4 -8=		00.00 =	0.0	00					
HP = highest number of indeper		for, if greater than	1 3.						
3. APPLICATION SIZE FE If the specification and dr listings under 37 CFR	rawings excee 1.52(e)), the	application size	e fee due	is \$250 (\$125 fo	onically fil or small er	ed sequence or atity) for each ac	computer iditional 50		
sheets or fraction there						<b>5</b> (a)	Eas De	-:- (e)	
Total Sheets Extra Sheets Number of each addition - 100 = /50 (rour							<u>Fee Pa</u> = 0.0		
100 = /50 (round up to a whole number) x 125.00 4. OTHER FEE(S)							Fees P		
Non-English Specification \$130 fee (no small entity discount)							0.00		
Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37 2251 Extension for response within first month							395.00 60.00		
CURMITTED BY				<u>.</u>					
SUBMITTED BY Signature	1. 1.	*****		Registration No.	40,030	Telephone	(650) 813-	-5876	
Name (Print/Type)	gacovoen		10	Attorney/Agent)	-10,000	Date	May 15, 2006		

Client Ref. No.: P-1093